

1. CIR./DIST. OR CLERK OF COURT ALM		2. PERSON REPRESENTED Thoussaint, Joel		VOUCHER NUMBER																																																																																																																																																																																																										
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-000138-003		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																																										
7. IN CASE/MATTER OF (Case Name) U.S. v. Henderson, et al		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																																																																										
				10. REPRESENTATION TYPE (See Instructions) Supervised Release																																																																																																																																																																																																										
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 2314.F -- TRANSPORTATION OF STOLEN GOODS, SECURITIES, MONEYS, FRAUDULENT STATE TAX STAMPS, OR																																																																																																																																																																																																														
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Duffey, Jeffery 600 South McDonough Street Montgomery AL 36104 Telephone Number: (334) 834-4100			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order 06/07/2007 6/7/2007 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																																											
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